

CLAIMS ONLY

Application Number

1072|730

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* * *
	Indep	Depend	Indep	Depend	Indep	Depend	
1	✓						
2		✓					
3		✓					
4		✓					
5		✓					
6	✓						
7		✓					
8		✓					
9		✓					
10		✓					
11		✓					
12		✓					
13	✓						
14		✓					
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16	✓						
17		✓		✓			
18		✓					
19	✓			✓			
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30		✓					
31	✓						
32		✓					
33		✓					
34	✓						
35		✓		✓			
36		✓					
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44							
45							
46							
47							
48							
49							
50							
Total Indep	8		2				
Total Depend	27		4				
Total Claims	35		6	A			